

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24395
STATE FILE NUMBER
3125

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Lukes		Length of stay in lb 60 yrs		STREET ADDRESS 3504 Genesee		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SAM Middle E. Last BARBEN				4. DATE OF DEATH Month 7 Day 3 Year 57			
5. SEX Ma		6. COLOR OR RACE Wh		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-11-1889	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Plater		10b. KIND OF BUSINESS OR INDUSTRY Plating		11. BIRTHPLACE (City and state or country) Rosedale, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Gustave Barben				14. MOTHER'S MAIDEN NAME Marie Kettler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO. 497-36-7116		17. INFORMANT Address Mrs. Dena Barben, 3504 Genesee			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Essential Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 5 hrs. unknown 4201	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1955 to July 3, 1957 and last saw ^{her} him alive on July 3, 1957 Death occurred at 10:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. A. Slentz, M.D. (Degree or title)				22b. ADDRESS 46209 c. Nichols Pky, Kc. Mo.		22c. DATE SIGNED 7-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-6-57		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		23d. LOCATION (City, town, or county) Kansas City (State) Mo.	
24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home, K 6 Mo				25. DATE RECD. BY LOCAL REG. 7-6-57		26. REGISTRAR'S SIGNATURE Nea Minshall	

(Licensed Embalmer's Statement on Reverse Side)

5.00
10-1-8500

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alvin R. Haensch*

Licensed Embalmer No. *41*

P. O. Address *H. C. T.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.